

92

09/630,883

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	5/10/00
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	875	7/16/00
FORMALITY REVIEW	<i>[Signature]</i>		7/24/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 ○ Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

TC3-875

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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